

**STATE OF MAINE  
JUDICIAL BRANCH**

**GUARDIAN AD LITEM ROSTER APPLICATION**

PART A (Subject to Public Disclosure)

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**I. EDUCATION, TRAINING, AND EXPERIENCE:**

**A. GENERAL EDUCATIONAL BACKGROUND**

Degree	Institution	Location	Date

**B. MAINE PROFESSIONAL LICENSURES**

1. ☐ Current valid license to practice law in the state of Maine.

Bar ID #: \_\_\_\_\_ Date: \_\_\_\_\_

2. Current valid license to practice as an:

✓ Type: \_\_\_\_\_ License #: \_\_\_\_\_ Licensing Authority: \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_

	LSW				
	LCSW				
	LPC				
	LCPC				
	LMSW				
	LMFT				
	PSYCHOLOGIST				
	PSYCHIATRIST				

3. ☐ A waiver of the licensure or qualification requirement by the Chief Judge.  
(Please attach a copy of waiver.)

**C. OTHER PROFESSIONAL LICENSURES**

Type	Licensing Authority & State	Address	Date

**D. GUARDIAN AD LITEM AND OTHER TRAINING**

**Please list your formal GAL training (attach additional sheets if necessary):**

Date	Course/Program	Sponsor	Hours
TOTAL HOURS:			

**Please list your other relevant training (attach additional sheets if necessary):**

Date	Course/program	Sponsor	Hours
TOTAL HOURS:			

## II. COURTS IN WHICH YOU ARE WILLING TO WORK

Below is a list of all court locations with a box next to each. If you are willing to accept guardian assignments from a court, place a  $\checkmark$  in the box beside the appropriate court location.

### Androscoggin County

☐ Lewiston/Auburn

### Aroostook County

☐ Caribou  
☐ Houlton  
☐ Presque Isle  
☐ Madawaska  
☐ Ft. Kent

### Cumberland County

☐ Portland  
☐ Bridgton

### Franklin County

☐ Farmington

### Hancock County

☐ Ellsworth  
☐ Bar Harbor

### Kennebec County

☐ Augusta  
☐ Waterville

### Knox County

☐ Rockland

### Lincoln County

☐ Wiscasset

### Oxford County

☐ Rumford  
☐ South Paris

### Penobscot County

☐ Bangor  
☐ Lincoln  
☐ Millinocket  
☐ Newport

### Piscataquis County

☐ Dover-Foxcroft

### Sagadahoc County

☐ West Bath/Bath

### Somerset County

☐ Skowhegan

### Waldo County

☐ Belfast

### Washington County

☐ Calais  
☐ Machias

### York County

☐ Biddeford  
☐ Springvale  
☐ York  
☐ Alfred

### III. REFERENCES

Please list two persons, not related to you, who are familiar with the skills you have that will make you a successful Guardian:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

### IV. BACKGROUND REVIEW AND PROFESSIONAL ETHICS

Have you been convicted of any crime or violation other than a traffic infraction?

☐ Yes      ☐ No

Have you been removed, suspended, reprimanded or subject to any other discipline by a licensing board, professional organization, or governmental tribunal?

☐ Yes      ☐ No

Have you ever been a party, other than acting as a Guardian ad litem, to a Child Protective case brought pursuant to Title 22 of the Maine Revised Statutes, or to a similar case in any other jurisdiction?

☐ Yes      ☐ No

Have you ever been a party, other than acting as a Guardian ad litem, to a Protection from Abuse case brought pursuant to Title 19-A, Chapter 101 of the Maine Revised Statutes, or to a similar case in any other jurisdiction?

☐ Yes      ☐ No

(If your answer is yes to any of the four previous questions, please provide full details on a separate sheet, including any information you believe may be helpful to the Chief Judge in evaluating your application.)

Are you a member of any family law professional organization? (e.g. Maine State Bar Association Family Law Section or Child Protection and Juvenile Justice Section, American Academy of Matrimonial Lawyers, Maine Association of Dispute Resolution Professionals, Academy of Family Mediators, American Bar Association Family Law Section, etc.)? If yes, please specify:

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**V. AFFIRMATIONS, CONDITIONS OF APPLICATION AND RELEASE**

I understand that any misrepresentation in my application, including Parts A, B and C may constitute a basis for the rejection of my application or removal of my name from any roster of Guardians ad litem. I understand that if my application is conditionally accepted, the Chief Judge will request Court Security Services of the Administrative Office of the Courts to conduct a background investigation, including, but not limited to, an inquiry of licensing boards I have listed, an inquiry of criminal or motor vehicle arrest and conviction records, and a screening of Department of Human Services protective custody case indices. Additional background reviews may be conducted and the information I have given therein may be verified. I hereby consent and give permission to the Judicial Branch, the Office of the Chief judge, and the Office of Court Security Services to conduct all such reviews.

I affirm that, if rostered, I will comply with the Judicial Branch Code of Conduct, and the Statutes, Rules, Standards of Practice and policies applicable to Guardians ad litem in the Maine courts.

I understand that a copy of part A of this form will be made available to the public if requested.

I hereby affirm that the information provided by me on this application form is accurate and complete under penalty of law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION TO:**

**Administrative Office of the Courts  
Family Division  
171 State House Station  
Augusta, Maine 04333-0171**

**QUESTIONS? CALL (207) 287-7626**

**PART B (Not subject to Disclosure)**

Name:

Business Address:

City:

State:

Zip code:

Business Telephone:

(Attorneys) Bar ID #:

\*Business Fax:

\*Business E-mail:

Home Address:

City:

State:

Zip code:

Home Telephone:

\*Home Fax:

\*Home E-mail:

\* = Optional

Date of Birth:

Social Security No<sup>1</sup>:

Driver's License No./State:

I hereby affirm that the information provided by me on this application form is accurate and complete under penalty of law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552 (a), you are notified that disclosure of your Social Security Number is voluntary. The Social Security Number will be utilized by the Office of Court Security Services for a criminal history records search.

**PART C (Not subject to Public Disclosure,  
May be Provided to Other Agencies)**

**GUARDIAN AD LITEM  
RELEASE AND AUTHORIZATION**

I release and authorize the Judicial Branch to do all things necessary to conduct a Guardian ad litem background check. I understand that this will include a criminal history records check, a motor vehicle records check, a DHS records check and a status check with any applicable licensing boards.

**Identification Information:**

Name:

Date of Birth:

Social Security Number:

Maine State Driver's License Number:

Any Other State Lived in Within Past 10 years:

I hereby affirm that the information provided by me on this release is accurate and complete under penalty of law. This release may be provided to the above listed information sources.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAINE JUDICIAL BRANCH  
BACKGROUND INVESTIGATION INFORMATION**

**NAME:** \_\_\_\_\_  
First Middle Last

Maiden or previous names used \_\_\_\_\_

**Applicant Information:** If selected to work in the Maine Judicial Branch, it is our standard practice to conduct a criminal history background investigation. To start this process, please answer the following question: Have you ever been convicted of any criminal offense, not including non-criminal traffic offenses?

No \_\_\_\_\_

Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Signature (Interviewer or Applicant) ☐ INTERVIEWER ☐ APPLICANT

**BIRTH DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **STATE** \_\_\_\_\_

**PRIOR DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **STATE** \_\_\_\_\_

**CURRENT ADDRESS:**

\_\_\_\_\_  
From To

\_\_\_\_\_  
Street City State Zip

**PREVIOUS ADDRESS:**

(Use back of form to list all addresses within the last ten years)

\_\_\_\_\_  
From To

\_\_\_\_\_  
Street City State Zip

By signing this document, I understand that if I am selected to work in the Judicial Branch, a background investigation will be conducted by the Maine Judicial Branch Office of Court Security. This background investigation will include, but is not limited to, an inquiry and documentation of any criminal or motor vehicle arrest and conviction records. I understand that my status as an employee, contractor or volunteer with the Judicial Branch is contingent on the results of this investigation.

I hereby consent to a background investigation and give permission to the Office of Court Security to examine any criminal and motor vehicle arrest and conviction records, or other regulatory agency records that pertain to me.

\_\_\_\_\_  
Signature (Prospective Employee, Contractor, Volunteer) Date

\_\_\_\_\_  
Name of person requesting investigation Office/Location Date

Investigation for: ☐ employee ☐ contractor ☐ volunteer





Agency # 638  
Administrative Office of the Courts-Family Division

John E. Baldacci  
Governor

STATE OF MAINE

DEPARTMENT OF HEALTH & HUMAN SERVICES

AUTHORIZATION FOR MAINE CHILD PROTECTIVE SERVICES CENTRAL CASE  
RECORDS RESEARCH

I \_\_\_\_\_ authorize release of confidential information by the Maine  
(Please print clearly)

Department of Health & Human Services, Bureau of Child and Family Services regarding whether I have been involved in a substantiated Maine Child Protective Services case.

~~Enclosed is the \$15.00 fee authorized under P.L. 2003, C. 673, Part W.~~ Fee waived.

I authorize release of this information to the agency/service provider identified below.

I understand that:

- If this search shows that I have been involved in a substantiated child protective case, another release by me is required before the nature of my involvement will be disclosed to the agency/service provider identified below.
- This information will be used as part of the agency/service provider's assessment of my suitability to provide services for children and families for this agency.
- This information is subject to continuing confidentiality as provided by Maine statutes Title 22 §4008.

This consent will expire upon the release of the information as authorized.

This consent may be revoked by me in writing at any time, except for information that has already been released.

Agency/Provider to receive this  
information:

My date of birth: \_\_\_\_\_

Administrative Office of the Courts-Family Division  
#171 SHS  
Augusta, ME 04333

Other names I have been known by:  
(including maiden name)

Client's Signature

Date

Address

Initial Release Form

BCFSCP-082

Mail to: Child Protective Intake Unit, Records Research, SHS 11, Augusta, ME 04333



STATE OF MAINE

John E. Baldacci  
Governor

DEPARTMENT OF HEALTH & HUMAN  
SERVICES

To: Kirsten Skorpen  
Administrative Office of the Courts-Family Divisio  
#171 SHS  
Augusta, ME 04333

Subject of child protective records research: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Other Names Known By: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

You provided us with a release of information signed by the person named above. You requested a child abuse/neglect screening regarding this person. You included the \$15.00 fee for records research.

This search has several limitations. Only allegations of child abuse or neglect that were substantiated are included. Reports or requests for services referred out to other resources are not included. Allegations that were unsubstantiated or indicated are not included. Persons involved in a case with different last names may be missed by the search process. Therefore, a negative response to a search should not be construed as a guarantee that this person has never been involved with Maine Child Protective Services.

Research of our central case records file found that:

☐ This person was not involved in a substantiated child protection case.

☐ Research of our family case records found that this person was involved in a substantiated child protection case. Before we can provide information about the nature of this person's involvement, we will need a subsequent release. This must be on the Department's form to authorize release of confidential child protective services case records information (BCFSCP-084).

☐ The above named person is under 18 years of age. Confidentiality laws prohibit providing information on children under 18.

This information is being provided to you solely for the purpose identified in the signed release and is subject to continuing confidentiality as provided by Maine statutes Title 22 section 4008. Any unlawful dissemination is a Class E Crime, punishable by a fine of not more than \$500.00 or by imprisonment for not more than 30 days.

If you have questions about this information please let me know.

Sincerely,

Child Protective Intake Unit

BCFSCP-083